

Please type a plus sign (+) inside this box →

HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/779,566
		Filing Date	February 13, 2004
		First Named Inventor	Werner Schuler
		Group Art Unit	2873
		Examiner Name	Daryl J. Collins
Total Number of Pages in This Submission	1	Attorney Docket Number	7395-000016

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check for \$1,100; return receipt postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

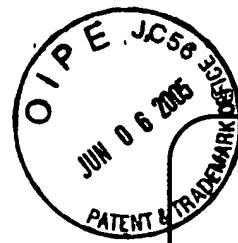
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Linda M. Deschere	Reg. No. 34,811
Signature			
Date	16 June 05		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Linda M. Deschere	Express Mail Label No.	EV 570 164 455 US
Signature		Date	June 6, 2005

EV 570 164 455 US



FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
1100

Complete if Known	
Application Number	10/779,566
Filing Date	February 13, 2004
First Named Inventor	Werner Schuler
Examiner Name	Daryl J. Collins
Art Unit	2873
Attorney Docket No.	7395-000016

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:

Deposit Account Number	08-0750
Deposit Account Name	Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$)	0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	41	-23 **	= 18	X 50 = 900
Independent Claims	4	-3 **	= 1	X 200 = 200
Multiple Dependent			X	= 0

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee	
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	200	2204	100
1205	50	2205	25
SUBTOTAL (2)		(\$)	
1100			

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1590	2254	795
1255	2160	2255	1080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1500	2453	750
1501	1400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)		(\$)	0

SUBMITTED BY					
Complete if applicable					
Name (Print/Type)	Linda M. Deschere	Registration No. (Attorney/Agent)	34,811	Telephone	248-641-1600
Signature				Date	6 June 05



6-7-05

PATENT

ZFW
HP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/779,566

Filing Date: February 13, 2004

Applicant: Werner Schuler

Group Art Unit: 2873

Examiner: Daryl J. Collins

Title: OPTICAL TRANSMITTER AND RECEIVER
ARRANGEMENT

Attorney Docket: 7395-0000016

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed April 5, 2005, please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 11 of this paper.

06/08/2005 SSITHIB1 00000047 10779566

01 FC:1201
02 FC:1202

200.00 OP
900.00 OP